

09/677870

POSITION	INITIALS	ID NO.	DATE
PES DETERMINATION			
OLP/E CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- | | |
|------------------|-------------|
| Approved | Referred |
| Advised | Indefinite |
| (Through review) | Appeal |
| Rejected | Quarantined |

Claim No.	Applicant	Agent	Attorney	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here
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